

Case Number:	CM13-0057543		
Date Assigned:	12/30/2013	Date of Injury:	02/09/2003
Decision Date:	05/16/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61-year-old male who reported an injury on 02/09/2003. The mechanism of injury was not provided. Current diagnoses include status post right total knee replacement on 03/04/2013 and status post right knee arthroscopy. The injured worker was evaluated on 09/23/2013. The injured worker reported persistent right knee pain with swelling and decreased range of motion. Physical examination revealed tenderness to palpation of the medial and lateral joint line, moderate swelling in the right lower extremity, 4/5 weakness, and diminished range of motion. Treatment recommendations included right knee manipulation under anesthesia as well authorization for transportation to and from all medical appointments.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TRANSPORTATION TO AND ALL MEDICAL APPOINTMENTS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation DISABILITY GUIDELINES (ODG), KNEE & LEG CHAPTER, TRANSPORTATION.

Decision rationale: Official Disability Guidelines state transportation to and from appointments is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. There is no indication that this injured worker is unable to provide self-transport. There is also no mention of a contraindication to public transportation. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified.